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**WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,
ORGANIZATIONS AND PERSONS USING
CLAIMANT'S REAL PROPERTY**

This claim is filed for fiscal year 20____ — 20____

This is a Supplemental Affidavit filed with:

- BOE-267, *Claim For Welfare Exemption (First Filing)*
- BOE-267-A, 20____ *Claim For Welfare Exemption (Annual Filing)*

Section 1. Identification of Claimant/Owner and Property

LEGAL NAME OF ORGANIZATION		CORPORATE OR LLC ID NO. (if any)
ADDRESS OF PROPERTY (number and street)	CITY	ASSESSOR'S PARCEL/ASSESSMENT NUMBER

Section 2. Organizations and Persons Using Owner's Real Property (Attach additional copies of this form, if necessary)

Total Number of Users: _____

Part A

a. NAME OF ORGANIZATIONS OR PERSON (including DBA name, if applicable)	
b. PHONE NUMBER OR EMAIL ADDRESS	c. NEW USER THIS YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date use began: _____
d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of property and portions of property used, including square footage):	
e. CURRENT LEASE OR AGREEMENT ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No, submitted with a previous filing <input type="checkbox"/> No written agreement	f. IS EXEMPTION REQUESTED ON THE PORTION OF PROPERTY USED BY THIS USER? <input type="checkbox"/> Yes (complete Part B for this user) <input type="checkbox"/> No (no further information required for this user)

Part B

a. DESCRIPTION OF THE USER'S USE OF THE PROPERTY:	
b. FREQUENCY OF USE (daily, once per week, etc):	c. RENT OR FEES RECEIVED FROM USER (amount and frequency):
d. DOES THE USER HAVE AN ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC)? <input type="checkbox"/> Yes, OCC NO. _____ <input type="checkbox"/> No (additional documents may be required, see instructions)	e. PURPOSE(S) ORGANIZED FOR: <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Hospital <input type="checkbox"/> Scientific <input type="checkbox"/> Other _____
f. TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing) INTERNAL REVENUE CODE: <input type="checkbox"/> Section 501(c)(3) <input type="checkbox"/> Section 501(c)(4) REVENUE AND TAXATION CODE: <input type="checkbox"/> Section 23701d <input type="checkbox"/> Section 23701f <input type="checkbox"/> Section 23701w <input type="checkbox"/> NOT TAX EXEMPT	

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CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information herein, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

